



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

January 30, 2017

Ms. Devida Deluca, Manager  
Living Well Residence  
1200 North Avenue  
Burlington, VT 05408-1004

Dear Ms. Deluca:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on January 3, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN  
Licensing Chief



01/25/2017 16:30 0024971597

ETHAN AL

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Jan 25 17 11:06a

Jeana Lavallee

PRINTED: 01/12/2017  
FORM APPROVED

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0543	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 01/03/2017
NAME OF PROVIDER OR SUPPLIER  LIVING WELL RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 NORTH AVENUE BURLINGTON, VT 05408		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  The Division of Licensing and Protection conducted an unannounced onsite complaint investigation on 1/3/17. A regulatory violation was cited as a result.	R100	Action: All care staff have been inserviced regarding appropriate documentation. All care staff will review the Care Plan for each new admission.	1/5/17
R126 SS-B	V. RESIDENT CARE AND HOME SERVICES  5.5 General Care  5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide necessary psychosocial, nursing or medical care needs for 1 of 2 applicable residents (Resident #2). Findings include:  Per record review, the facility failed to notify Resident #2's family or physician as stated in the care plan. Resident #2 was admitted to the facility on 12/19/16. Per staff notes, Resident #2 demonstrated violent and aggressive behaviors towards staff on 5 occasions between 12/25/16 - 1/2/17. These behaviors consisted of swinging at and/or hitting staff. The Resident's care plan for being at risk for violence due to confusion contains a plan of action to notify family and PCP (Primary Care Physician) of any agitation/aggression. There is no indication in the record that this was done. The House Manager	R126	Measures: The House Manager is reviewing all chart notes daily to ensure that all necessary steps have been documented.  Monitor: The House Manager has set up an electronic tracking system that will alert when a chart note has been added.	1/4/17  1/10/17

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

STATE FORM

0000

YFVX11

If continuation sheet 1 of 2

Melba Y. [Signature] R.N. 1-25-2017  
 Jeana Lavallee House Manager 1/25/17

R126 PDC accepted 1/26/17 Rtrwldg/PJL/AME

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R126	Continued From page 1 confirmed this on 1/3/17 at 1:00 PM.	R126	

Division of Licensing and Protection  
STATE FORM

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Continuation sheet 2 of 2